FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000040784 (9)

DELICIOUS DELIGHTS INC

cipal Place of Business	Mailing Address
2870 NW 112 AVE	2870 NW 112 AVE
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065

FILED May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
2870 NW 112 AVE 2870 NW 112 AVE						
	RINGS FL 33065	CORAL SPRINGS FL	33065			
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address		06/04/1993		
21	lace of Business			4. FEI Number	Applied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		65-0430937	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Z (p	Country	8. This corporation owes or has paid the cu	rent year Intangible	
24	25	29	30		Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	SP O SITO, ANTHONY T JR		81 Name			
2870 NW 112 AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065						
			B3			
			84 City		85 Zip Code	
44 5	10 0000			FL	_ '	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, by od or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	TABUTTONIO OT VATOLO TO OTTTOLINO TATA	☐ Change ☐ Addition	
NAME	ESPOSITO, ANTHONY T JR		1.2 NAME			
STREET ADDRESS	2870 NW 112 AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	esposito, maureen m ja	}	2.2 NAME			
STREET ADDRESS	2870 NW 112 AVE		2.3 STRFET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY - ST - ZIP	Δ		
TITLE		☐ DELET e	3.1 TITLE		Change X Addition	
NAME			3.2 NAME	DAWK LI BLOOM	, -	
STREET ADDRESS			3.3 STREET ADDRESS	SAWM LIBLOUM 9625 M.W. 615T. Drive Parkband, Ft. 53696	,	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	DAVKLAHOLEL 121711 -	T Observe T same	
TITLE		☐ DELETE		1	Change Addition	
NAME Street address			4. 2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		La vecent	5.2 NAME		En outside Thyodition	
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP			
	artify that the information cumplied will	dialitatical to the first	U.H CHI I - SI-ZIF	3- C		

Interept certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.